



FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/667,356
		Filing Date	September 23, 2003
		First Named Inventor	MIKIO SATO
<input type="checkbox"/> Applicant claims small entity status. See 37 C.F.R. 1.27		Examiner Name	Judson Jones
		Art Unit	2834
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	00862.023246

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>06-1205</u>
Deposit Account Name: <u>Fitzpatrick, Cella, Harper & Scinto</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity		
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	

2. EXCESS CLAIM FEES			Small Entity	
Fee Description	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25		
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100		
Multiple dependent claims	360	180		

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
2	- 20 or HP = 0	x 0 = 0				
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
1	- 3 or HP = 0	x 0 = 0				
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE				
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 =	(round up to a whole number) x	=

4. OTHER FEE(S)		Fees Paid (\$)
Non-English Specification,	\$130 fee (no small entity discount)	
Other:		

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent) 30,110	Telephone 202-530-1010
Name (Print/Type)	Lawrence A. Stahl	Date: July 14, 2005	

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PATENT & TRADEMARK OFFICE
In re

In re Application of:

Examiner: Judson Jones

Group Art Unit: 2834

Confirmation No.: 3393

July 14, 2005

COMMISSIONER FOR PATENTS

Alexandria, Virginia 22313-1450

AMENDMENT

In response to the Office Action mailed May 13, 2005, Applicant submits the

following amendments and remarks.